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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G56519** **(3)**

1. Corporation Name

TONDA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~10210 PORT OF SPAIN~~ ~~COOPER CITY FL 33026~~	~~323 CREEKSIDE WAY~~ ~~SUITE 323~~ ~~ROSWELL GA 30076~~ ~~US~~

C/O HARVEY KASE

2. Principal Place of Business	2a. Mailing Address
21 39 NW 166 ST	26 5445 TALLANTWORTH TRL
Suite, Apt. #, etc. 22 SUITE 1	Suite, Apt. #, etc. 27
City & State 23 N MIAMI BEACH, FL	City & State 28 CUMMING, GA
Zip / Country 24 33169 / 25 USA	Zip / Country 29 30130 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
08/18/1983	04/28/1995

4. FEI Number: 59-2324106 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRAZENFELD, WARREN R.
KIRKPATRICK & LOCKHART
1428 BRICKELL AVENUE, SUITE #400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ANTHONY P GULLA
82 Street Address (P.O. Box Number is Not Acceptable): 5445 TALLANTWORTH TRL
83
84 City: CUMMING ~~GA FL~~ 85 Zip Code: 30130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anthony P Gulla — 4-4-96
Signature, typed or printed name of registered agent and title if agent is a corporation. (NOTE: Registered Agent's signature required by the next reporting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD GULLA, ANTHONY P. 10210 PORT OF SPAIN ST. COOPER CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVD GULLA, ANTHONY P 5445 TALLANTWORTH TRL CUMMING, GA 30130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GULLA, LINDA S. 10210 PORT OF SPAIN ST. COOPER CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 5445 TALLANTWORTH TRL CUMMING, GA 30130	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony P Gulla — 4-4-96 — (770) 886-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #